

RECEIVED  
CENTRAL FAX CENTER

OCT 27 2008

Attorney Docket No.: 01CON218P-CIP

## AMENDMENT COVER SHEET

IN RE APPLICATION OF: Chen, et al.SERIAL NO.: 10/631,947 FILED: 7/30/2003FOR: Method and System for Configuring Gateways to Facilitate a Modem Connection Over a Packet NetworkHONORABLE COMMISSIONER FOR PATENTS  
P.O. Box 1450, Alexandria, VA 22313-1450

Sir/Madam:

Transmitted herewith is a paper in the above-identified application. Any necessary extension of time period set for this paper is hereby requested.

☐ No additional fee is required.☒ The fee has been calculated as shown below:☒ EXTENSION FEE

	RATE Non-Small Entity	RATE Small-Entity	FEE
FIRST MONTH AFTER TIME PERIOD SET	130.00	65.00	\$
SECOND MONTH AFTER TIME PERIOD SET	490.00	245.00	\$ 490.00
THIRD MONTH AFTER TIME PERIOD SET	1,110.00	555.00	\$
FOURTH MONTH AFTER TIME PERIOD SET	1,730.00	865.00	\$

☐ TOTAL EXTENSION FEE \$ 490.00☐ FEE FOR EXTRA CLAIMS added by Amendment in this response:

	Column 1	Column 2	Column 3			
	Number of Claims after Amendment	Number Previously Paid for	Number of Extra Claims	RATE Non-Small Entity	RATE Small Entity	FEE
TOTAL CLAIMS		MINUS **	* = 0	x 52	x 26	\$
INDEPENDENT		MINUS ***	* = 0	x 220	x 110	\$
First presentation of multiple dependent claim				+ 390	+ 195	\$

TOTAL FEE FOR EXTRA CLAIMS \$ 0.00

\* If the entry in Column 1 is less than the entry of Column 2, write "0" in Column 3.

\*\* If the number of Total Claims previously paid for is less than 20, write "20" in this space.

\*\*\* If the number of Independent Claims previously paid for is less than 3, write "3" in this space.

10/28/2008 PCHONP 00000027 501047 10/31/08  
01 FC:1252

490.00 DA

**OCT 27 2008**

Attorney Docket No.: 01CON218P-CIP

- ☐ Total fee for Supplemental Information Disclosure Statement \$
- ☐ Enclosed is the total fee of \$ 0.00 (Payment by Credit Card, Form PTO-2038 Enclosed).
- ☒ Please charge Deposit Account No. 50-1867 in the amount of \$ 490.00
- ☒ The Commissioner is hereby authorized to charge payment of any additional fees associated with this communication, or credit any overpayment to Deposit Account No. 50-1867.

Date:

10/24/08

By:

[Signature]  
Farshad Farjani, Reg. No. 41,014

CERTIFICATE OF FACSIMILE TRANSMISSION

I hereby certify that this correspondence is being filed by facsimile transmission to United States Patent and Trademark Office at facsimile number 571-273-8300 on the date stated below. The facsimile transmission report indicated that the facsimile transmission was successful.

Date

10/27/08

Signature

[Signature]

Name of Person Performing Facsimile Transmission

Marci M. Sweda

Farshad Farjani, Esq.  
Farjani & Farjani LLP  
26522 La Alameda Ave., Suite 360  
Mission Viejo, CA 92691  
Telephone: (949) 282-1000  
Facsimile: (949) 282-1002

CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on:

Date

Signature

Typed or Printed Name of Person Mailing Paper and/or Fee